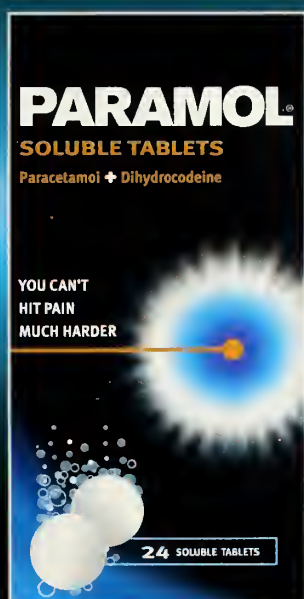


# IT'S A BLACK DAY FOR PAIN



The fastest  
growing  
adult oral  
analgesic brand<sup>1</sup>

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Paramol is back on TV in December



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**You can't hit pain harder without prescription**

1. IRI data, August 2007 (only brands with more than 1% market share have been considered). Paramol Product Information. Indications: For the treatment of mild to moderate pain, including headache, migraine, feverish conditions, period pains, toothache and other dental pain, backache and other muscular pains, and also as an anti-pyretic. Active Ingredients: Each tablet contains 500mg Paracetamol BP and 7.46mg Dihydrocodeine Tartrate BP. Dosage and Administration: PARAMOL should, if possible, be taken during or after meals. Adults and Children over 12 years: 1 or 2 tablets every four to six hours. Do not exceed 8 tablets in any 24 hour period. Children under 12 years: Not recommended. The Elderly: Caution should be observed in increasing the dose in the elderly. Contraindications: Hypersensitivity to paracetamol or any of the other constituents. Respiratory depression, obstructed airways disease. Other special warnings and precautions: PARAMOL should be given with caution to patients with allergic disorders and should not be given during an attack of hepatic disease. An overdose can cause hepatic necrosis. Care is advised in the administration of paracetamol to patients with severe renal or hepatic impairment. The hazard of overdose is greater in those with non-cirrhotic alcoholic liver disease.

Do not exceed the recommended dose. Patients should be advised not to take other paracetamol containing products concurrently. Use in pregnancy and lactation: Studies in human pregnancy have shown no ill effects due to paracetamol used in the recommended dosage, but patients should take their doctor's advice before use. Interactions: Metoclopramide, Domperidone, Cholestyramine, Warfarin and other coumarins. Alcohol. Available published data does not contraindicate breast-feeding. Other undesirable effects: Adverse effects of paracetamol are rare, but hypersensitivity including rashes may occur. Constipation, if it occurs, is readily treated with a mild laxative. Nausea, vertigo, headache and giddiness may occur in a few patients. If symptoms persist, consult your doctor. Keep out of reach of children. Overdosage: Contains paracetamol. In case of suspected overdose, patients should be admitted to hospital urgently and medical attention sought immediately. Paramol Soluble Legal Category: P. Packaging Quantities and RSP (excluding VAT): 24s £3.70. PL Number: 11314/0058. PL Holder: Seton Products Ltd, Oldham. Paramol Tablets Legal Category: P. Packaging Quantities and RSP (excluding VAT): 12s £2.34; 24s £3.96; 32s £4.47. PL Number: 11314/0128. PL Holder: Seton Products Ltd, Oldham.



## EXCLUSIVE: Fresh government inquiry eyes up purchase profits

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Paramol is a registered trademark of the SSL group.

## Important announcement

### New distribution arrangements for Astellas Transplant Medicines in the UK



and



It has been brought to our attention that UK pharmacists have had difficulties obtaining supplies of **Prograf®** for their patients from their wholesalers. The timely supply of all medicinal products is critical and it is particularly vital that transplant patients receive their prescribed medicines regularly.

In response, we have had to act with urgency to ensure the supply of these medicines to our transplant patients.

We have therefore taken the decision to distribute all our transplant medicines directly to pharmacists and other dispensing points with effect from **26th November 2007**.

We have appointed **UniChem**, with its service and coverage expertise, as our sole distribution logistics service provider in the UK for all our transplant medicines. In Northern Ireland **UniChem** has sub-contracted **Sangers (NI) Ltd** to deliver these medicines on its behalf. We are confident this action will ensure the supply of these life saving medicines to UK patients.

To make this change as smooth as possible, there will be a handover period until **26th November 2007**. Until this date, you will be able to order Astellas **Prograf®** and **Advagraf®** from your current wholesaler. The vast majority of dispensing points are already ordering some, or all, of their medicines through **UniChem/Sangers (NI) Ltd** and will be able to order our transplant medicines (**Prograf®** and **Advagraf®**) through their existing accounts. **UniChem/Sangers (NI) Ltd** will be contacting all customers shortly to confirm ordering processes. Any dispensing point that does not currently have a trading account with **UniChem/Sangers (NI) Ltd** and wishes to obtain our transplant medicines from **26th November 2007** should contact **UniChem** immediately on 0800 389 3455 or e-mail [sales\\_customersupport@unichem.co.uk](mailto:sales_customersupport@unichem.co.uk) or **Sangers (NI) Ltd** on 02890 401111.

To ensure the timely delivery of Astellas **Prograf®** and **Advagraf®** you should place orders directly with **UniChem** from **26th November 2007**.

If you have any enquiries regarding this change or if you experience issues ordering **Prograf®/Advagraf®** please contact Astellas Customer Services on 01784 419 615. For medical information about **Prograf®/Advagraf®** please contact our medical information department on 0800 783 5018.

Please note this change only applies to our transplant medicines. All other Astellas Pharma Ltd products can be ordered in the normal way.

We hope you understand that this decision was not taken lightly. Our responsibility as holders of the UK marketing authorisation for **Prograf®** and **Advagraf®** is to ensure the supply of these vital medicines to pharmacists and their patients in the UK.

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# Chemist+Druggist

news • education • tools for the pharmacy community

## Comment from the Editor

Mrs P and I  
have yet to pay  
our £800 fees to  
the RPSGB



As a rollercoaster of a year draws to a close, how will you best remember 2007?

Will it be direct to pharmacy? Pfizer's controversial distribution deal has had a huge impact on pharmacists and wholesalers. Discounts, cut-off times and loss of choice topped the news agenda for much of the year, and with the OFT giving the green light to wholesale changes, DTP will continue to make the headlines in 2008 (p6).

But if DTP doesn't get your vote, how about the 40 per cent hike in RPSGB fees? (Mrs P and I have yet to pay – the thought of stumping up £800 the week before Christmas doesn't sit well chez Paragpuri. Maybe the kids can do without presents this year?)

Will 2007 be remembered as the year that Lambeth finally got a reaction from its traditionally indifferent members? I'd hazard a guess that a 10,000-strong petition was not quite what Council expected.

But DTP and fees apart, community pharmacy had a quiet year. OK, maybe not if you count category M, prescription volumes, the will-it-won't-it-go-POM pseudoephedrine debate, smoking bans, the end of the NPA's D'Arcy era, Phoenix's purchase of NuCare, a non pharmacist as RPSGB registrar, PBC, Ara Darzi's polyclinics, ETP and the latest government investigation into pharmacy profits (p6) to name but a few.

For me, 2007 will be remembered for two events. First, the heroic achievements of pharmacies and wholesalers in getting a pharmacy service up and running for their communities following the devastation of the summer flooding. Their efforts deserve the profession's recognition.

You just can't put a price on the goodwill generated.

Equally notable was seeing the first pharmacists to qualify as independent prescribers. Has there been a more defining moment in the history of our profession? Perhaps we will see prescribing budgets put in place next year to ensure the public gets the maximum benefit of this new role.

And if you still haven't decided on your most memorable moment, have a look at our six-page annual review starting on page 22. I hope you enjoy it as much as the news team enjoyed putting it together.

So that just leaves me to wish you a wonderful Christmas from everyone at C+D, and thank you for reading and contributing.

Gary Paragpuri, Editor

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# Profits under fresh investigation

Leaked Department of Health memo leads to National Audit Office inquiry into profits on generic drug purchases

Colin Brown

A government watchdog is investigating allegations that contractors are making excessive profits on generic medicines.

The National Audit Office (NAO) inquiry follows a leaked internal memo from the Department of Health showing that ministers were aware that greater savings could be made on pharmacy reimbursements.

The memo, dated May 2007, reveals that although the DH's annual report had allocated £500 million for reimbursement "for a series of untransparent reasons", the actual amount allowed for was £650m. It also warned this could rise to £750m.

The memo added: "The Department of Health team did a fantastic job in negotiating the retrieval of £300m for us this year without a massive row with the pharmacists."

"It looks as though there is probably as much again to be saved by moving towards a prospective rather than retrospective approach



Puzzling it out: auditors will look at claims that the DH could recover more money from pharmacy's generic purchase profits

and getting tighter on what pharmacists are paying."

The disclosure explains the government's huge cut in category M prices in October this year, according to sources

close to the DH.

So far the NAO, which audits the finances of government departments and agencies, has not announced its investigation but C+D has been told that

private inquiries are under way.

Is this one inquiry too far?  
mgosney@cmpmedica.com

## Training package to support Pill role

Pharmacists will get special training to enable them to play a wider role in sexual health services by providing the Pill, health secretary Alan Johnson has told C+D.

The comments followed last week's move by the Department of Health to run pilot schemes enabling pharmacists to provide the Pill under patient group directions.



Johnson: urged special training pharmacists

Speaking exclusively to C+D, Mr Johnson said enabling pharmacy to provide more services would be part of the Darzi report in 2008. "They are very much part of our plans, and they are very enthusiastic about it," he said. But he warned there was "a lot to do" before contraception was made available from pharmacies.

A DH spokesperson said training would be developed with the RPSGB, and would enable pharmacists to assess patients to determine whether they should receive the Pill or not. Pharmacists will need to be aware of contraindications and possible side effects, and will have to take full clinical histories of patients.

John Murphy, PDA director, said training was needed because handing out the Pill could bring more risks for pharmacists, putting them, "in the big league, as far as liability is concerned". ZS

## AZ discount structure will leave some out of pocket

Purchase profits are set to suffer another blow under the terms of AstraZeneca's drugs supply deal.

PSNC urged an immediate review of reimbursement rates in response to the discount structure announced by the firm this week.

Contractors will get a zero, 7, 8.5 or 12 per cent discount on AZ drugs when supply is restricted to AAH and UniChem from February 2.

PSNC chief executive Sue Sharpe warned: "This change is expected to result in a further increase in the number of products where the purchase price exceeds the reimbursement price. PSNC is urging the DH to change pricing arrangements for branded products."

The comments come a week after the OFT called for an overhaul of discounts in its review of medicine supply.

Any rise in the NHS drugs bill resulting from manufacturer-led distribution deals must be recovered under changes to the

Pharmaceutical Price Regulation Scheme, the OFT said.

The AZ discount system also offers a retrospective rebate, based on the monthly value of AZ products bought. But it will not apply to the consolidated purchases of buying groups or consortiums.

Phoenix chief executive Paul Smith said: "The volume and level of rebate will clearly favour larger businesses and – yet again – independents will suffer." JR

£0 – The amount of value-based rebate applicable to buying groups purchasing AZ products  
2 – The number of wholesalers distributing AZ products  
10 per cent – Discounts of less than this mean purchase prices exceed reimbursement, said PSNC  
£250 – The minimum monthly value-based rebate for AZ buys.

## Cat M prices revealed



The Department of Health has issued reimbursement prices for generic drugs in category M for the first quarter of 2008.

The most significant change is to 28 packs of phenytoin sodium 100mg tablets, which have been slashed to £40 after more than doubling to £113.62p in October's radical overhaul of the category M tariff.

Risers in the latest quarter's figures include 100 packs of pergolide 50 microgram tablets, which jumped 95 per cent to £24.06 from £12.34.

Get detailed analysis of all the latest quarter's changes to generics reimbursement with the Category M Barometer in the next issue of C+D or sign up at

[www.chemistanddruggist.co.uk/register](http://www.chemistanddruggist.co.uk/register) TH



Ho ho blow: Father Christmas takes a carbon monoxide test in Brussels as part of the European Commission's 'HELP - For a life without tobacco' campaign. The tests have been carried out at public events in all 27 member states of the EC to show people the effects of smoking and passive smoking. Last year 125,000 people took the CO test as part of the campaign. As a dedicated non-smoker, Santa passed with flying colours, although health experts continue to be concerned about his obesity problem. C+D wishes all our readers a very merry Christmas

## MUR reporting rules relaxed

Jennifer Richardson

Pharmacists are no longer required to send GPs a four-page form for every medicines use review they conduct, under amended directions published by the Department of Health.

Version two of the MUR form consists of just two A4 pages. Only the first must be sent to a patient's doctor, and only when there are issues for them to consider.

The changes were designed to improve communication between GPs and pharmacists, PSNC said. Dr Bill Beeby, chair of the General Practitioner Committee's clinical and prescribing sub-committee, agreed they were a move in the right direction.

MURs had value but the "bureaucratic" reporting process had so far limited their use, Dr

Beeby said. "When they get it down to one page, then we'll be getting something useful."

But Isle of Wight GP Dr Eugene Hughes, who thought MURs were "fantastic", was less positive about the relaxed requirements: "I would have thought it makes more sense for GPs to receive every single one."

Both PSNC and Dr Beeby emphasised that good, local communication between GPs and pharmacists was essential for the success of the MUR service.

The electronic integration of MURs into pharmacy access to patient care records remained a PSNC "vision", PSNC added.

### Some reviews go 'step too far'

Making MURs too clinical could harm relationships with doctors and even lead to liability charges, PSNC has warned.

Spokesperson Dipen Shah said: "We are getting increasing information that some pharmacists are taking MURs a step too far and treating [them] as full clinical reviews."

"This has resulted in damaged relations with some GPs and possibly even liability issues where pharmacists may have suggested changes without all the clinical information at hand."

Head of NHS services Alastair Buxton said: "The MUR is about the use of medicines, not conducting a clinical review."

### News in brief

#### Enhanced services added

Two new enhanced service templates, for seasonal influenza vaccination and patient group directions, have been launched by PSNC and the DH. They are intended to help PCTs and LPCs negotiate local service level arrangements through pharmacy. [www.psnco.org.uk](http://www.psnco.org.uk).

#### Black day for UniChem

UniChem has hit back at reports some customers were left in the dark over a power failure that hampered deliveries on Wednesday morning last week. The company said all affected parties were informed. However, C+D was contacted by a pharmacist who said he was not told and faced "people queuing up, unable to get prescriptions". UniChem urged the customer to contact them.

#### Clinical alerts

Equasym tablets are back in stock at UCB and wholesalers; Insulatard, all presentations; anabolic steroids, sulphonamides and oral contraceptives added to list of substances that may alter insulin requirements.

For more clinical alerts, go to [www.chemistanddruggist.co.uk/clinical](http://www.chemistanddruggist.co.uk/clinical)

#### Thief sentenced

A man who used a broken bottle to threaten workers at a Paisley pharmacy before stealing a quantity of methadone has been sentenced to 40 months in prison. Robert McGeachy had previously been on a methadone program.

#### Visiting EEA pharmacists

The RPSGB has ruled pharmacists visiting the UK from other European Economic Area member states will have to undertake an aptitude test if they do not have compliant qualifications and wish to undertake "temporary or occasional work".

Blog idol

Are you hiding a sparkling writing talent? See page 34

## DISPENSARY TALK

**Would quarterly payments for retention fees help lighten the load?**



"I'm not convinced the Society put a strong enough argument for the fees increase. So yes, it would ease the load on cash flow but it doesn't make up for raising the fees by 40 per cent." **Mark Collins, Barkerhouse Pharmacy, Lancashire**



"I can claim my fees back from my employer so for me it's much easier to do it in one single payment. But I've worked at a place where that's not the case and it's then when staged payments would be useful." **Paul Sanderson, Assura Pharmacy, Macclesfield**

## WEB VERDICT:

**Yes:** ☐ 37%  
**No:** ☐ 63%

**Armchair view:** Plans to spread the cost of fees may be the Society's sticking plaster solution to ease the pain of larger RPSGB fees. But it looks like most of the profession is still feeling sore with 63 per cent of pharmacists saying it would not help.

**This week:** As the Christmas party season descends on the C+D office we ask you to vote for who you would kiss under the mistletoe. Vote at: [www.chemistanddruggist.co.uk](http://www.chemistanddruggist.co.uk)

# Speak out or take the blame, employees told

» Responsible pharmacist plan 'deeply worrying' for workers, says EPB member

**James Clegg**

**Employee pharmacists and locums could be blamed for mismanagement in pharmacies they have no control over unless the profession speaks out on the responsible pharmacist debate.**

Chris Morris, member of the Society's English Pharmacy Board (EPB), has urged pharmacists to contribute to the Department of Health's consultation or face "deeply worrying" changes.

In a mass email to members of the website Pharmacy Forum UK, he warned: "On reading the

document I became very concerned. A lot of ideas are very good, but there are several... that are deeply worrying."

The consultation is considering proposals to replace the need for pharmacists to be in personal control of premises with a responsible pharmacist requirement.

However, Mr Morris stressed that under the proposals "employees could be held accountable for the conditions of the shop in which they work". He told C+D: "I'm worried about responsibility being given to pharmacists who have no say over their work area. Locums

and pharmacists working for a lot of multiples don't have that say."

Mr Morris suggested that people email him so that he could form a group response to the consultation.

Mr Morris stressed that he is acting on his own behalf rather than for the EPB. A DH spokesperson said: "We want people to respond so we can get as informed a view of pharmacy as possible."

What's your take on responsible pharmacist?  
[haveyoursay@cmpmedica.com](mailto:haveyoursay@cmpmedica.com)

**Independent pharmacy chain SK Chemists has installed modular consultation rooms, which manufacturer Volume Products claims can be assembled in just half an hour. The acoustically-private Airex rooms have been installed in three pharmacies. The non-permanent, Plexiglas structures are planned for instalment in its remaining 12 branches**



## Call for review after Nurofen death

**Industry bodies have rejected calls to review controls on the sale of Nurofen Plus after the death of a woman addicted to the painkiller.**

Coroner Simon Nelson said that he would write to the Royal Pharmaceutical Society and "ask them if the requirements they have are sufficiently rigorous to deal with this type of addiction".

But the RPSGB, the Proprietary

Association of Great Britain, which represents OTC medicine manufacturers, and Nurofen manufacturer Reckitt Benckiser have all denied that tighter controls are needed.

The comments followed the inquest into the death of Linda Docherty of Bury, Greater Manchester. Ms Docherty is reported to have taken 48 of the

pills a day and avoided detection by going around different supermarket and high street pharmacies. Mr Nelson recorded that she died of "addiction to over-the-counter medication". **JC**

Is it safe to sell Nurofen Plus at pharmacies?  
[haveyoursay@cmpmedica.com](mailto:haveyoursay@cmpmedica.com)

## Mercy plea for RPSGB

**The Royal Pharmaceutical Society must not be "destroyed", the latest professional body to give evidence to the Clarke inquiry has warned.**

The Institute of Pharmacy Management International said: "The profession must be careful not to destroy the RPSGB and thereby create a professional

vacuum. It could take years for any replacement body to achieve any equivalent level of service, external credibility or royal status."

The IPMI said it was in favour of the RPSGB becoming an inclusive professional leadership body based on similar lines to the Royal Society of Chemistry or Institute of Physics. **JC**



What's Bon Vivour been up to?  
[www.chemistanddruggist.co.uk](http://www.chemistanddruggist.co.uk)



PayPass™ is the largest contactless payment system in the world, with over 19 million MasterCard® PayPass™ and Maestro® PayPass™ cards or devices in market globally. And now cardholders in the UK can Tap & Go™ through checkouts in places like supermarkets, fast food restaurants, coffee shops, and even florists. It's this kind of innovation that not only puts MasterCard Worldwide at the centre of commerce, but at its very heart.



# I'm dreaming of a white paper

Rob Darracott sets out a wish list for the pharmacy white paper due after Christmas

**H**ealth minister Dawn Primarolo told the all-party pharmacy group that the forthcoming pharmacy white paper has been delayed to ensure that pharmacy policy thinking was aligned with the wider Darzi review and therefore integrated with the bigger primary care picture.

This was music to the CCA's ears because we believe the challenges pharmacy faces today go well beyond the boundaries of our traditional sphere of influence. So we have been considering what we would like to see the government include in its blueprint for pharmacy in England.

Pharmacy has been living with its new contract for nearly three years. In that time, we have seen little progress on the commissioning of enhanced pharmacy services, but significant attrition through the removal of retained purchase profits. The forecast operating surplus in the NHS of over £500 million in 2007-08 is not far from the additional amount recently clawed back through category M. Coincidence, or a continuation of the mechanism by which pharmacy's efficiencies work for the ultimate benefit of the NHS?

While pharmacy meetings echo to the warm words from politicians, it is illuminating to see what the NHS is doing with this valuable resource. Funding at local level is the opportunity for previously cash strapped PCTs to commission enhanced pharmacy services. Sadly, the CCA's feedback suggests that in many cases, these monies find their way into practice-based commissioning (PBC) locality budgets and yet more GP-led services.

This is unacceptable. If expanded pharmacy services are a great opportunity to increase access and better meet the needs of today's healthcare consumer, it makes little sense to commission minor ailments schemes, smoking cessation or sexual health services locally when they are a universal need that could and should be rolled out as advanced services.

The CCA will be calling for the reinvestment of a significant percentage of further savings from procurement in pharmacy-led services, an end to caps on advanced service payments for individual contractors, and a further evolution of the remuneration system more towards rewarding quality of service.

We also want to see the white paper announce a commitment to a more joined up approach in primary care, with greater alignment of the pharmacy and GMS contracts to facilitate collaboration around MURs and repeat dispensing.

Commissioning remains a barrier to progress. PCTs may be responsible for it, but they still behave like contract managers and

underutilise existing freedoms to address service gaps. The CCA is therefore calling for specific support for professionals working in deprived areas. Parachuting in new services may be necessary too, but not at the expense of those who have been committed to serving their communities for many years. Backed by supportive commissioners, pharmacies in deprived areas could lead the way to a vastly expanded role in primary care. Deprived area funding is there, so resource can't be an argument.

The commissioning landscape at local level remains unacceptably varied. As a process, commissioning should be transparent, devoid of provider interest and proven to deliver value for money. The CCA is calling for a more stringent scrutiny of commissioning processes, with a requirement for input from LPCs and other primary care contractors.

We are tempted to go so far as to say there should be a complete rethink of commissioning policy – perhaps a subject more for Ara Darzi's review – into two new and complementary strands. The first is integrated commissioning – a process that would engage and incentivise all stakeholders in the patient care pathway to work together on service redesign. The second would encourage investment in innovation among providers in the development and delivery of care closer to home.

Together they would replace PBC while retaining the principle of benefit sharing whereby part of the savings made through successful service redesign are kept by providers for reinvestment in patient care, while simultaneously opening up the whole process, and creating a more level playing field for providers.

Finally, the CCA will be looking for clarification on an important issue that should be central to the delivery of services in a primary care 'market':

what are acceptable organisational models for collaboration between providers, given the restrictions created by competition law? The CCA believes provider consortia, whoever forms them, may be treading on dangerous ground, and PCTs and providers need to understand the options when contracting for local services.

The 1987 Promoting Better Health White Paper was one watershed for pharmacy. The 2008 variant might be the same. We need to shape its contents. Let's hope ministers are listening.

**Rob Darracott is CCA chief executive**

## CCA wish list

- ✓ Any clawback in pharmacy purchase profits to be reinvested in pharmacy services
- ✓ An end to caps on advanced service payments
- ✓ Pharmacy remuneration to reward quality of service
- ✓ A joined up approach in primary care to align the pharmacy and GMS contracts
- ✓ Support for those working in deprived areas
- ✓ Stringent scrutiny of commissioning processes, with input from LPCs and other primary care contractors
- ✓ A complete rethink of commissioning policy to replace PBC
- ✓ Clarification on organisational models for collaboration between providers

What changes do you want to see in pharmacy?  
Email [haveyoursay@cmpmedica.com](mailto:haveyoursay@cmpmedica.com)

## Independent doesn't have to mean isolated

On the contrary – if you're an independent pharmacist, Teva can be at your side. For example, our Ultimate and Ultimate Partners schemes are designed to make generics buying easier, while offering you support to help make the most of some of the opportunities that are coming pharmacy's way.

Even now, we're working on new ways to help dispensary staff and to make sure they get the chance to be part of the future of pharmacy.

So don't be lonely. With Teva, you're never without a friend by your side.



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PARTNERS IN PROGRESS



Bethany Straker

"Hello Hannah, I've come in to pick up Felix's repeat prescriptions," says Melanie Wiseman to Update Pharmacy's senior counter assistant.

"Here it is," Hannah replies, checking the numbers against the collection dockets and handing over the bag. "How is Felix's eczema at the moment?"

"Much the same. But chances are that he'll grow out of it fairly soon, so we're optimistic. While I'm here, could Mr Spencer take a quick look at Noah? I think he's got warts."

Hannah nods. "Take a seat in the consultation area."

"Hello, Mrs Wiseman," says pharmacist David Spencer, entering the consultation area a couple of minutes later. "Hannah tells me young Noah here has warts."

"Yes. Have a look at these." Melanie holds out Noah's arm to reveal four firm, smooth papules with a central dimple, between about two and 6mm in diameter, in the crook of his elbow.

David examines them, saying: "Has he got these anywhere else?"

"Yes, on the other arm as well."

"How long has he had them and do they bother him? Is he scratching them or anything? And just remind me, Noah's about two and so far he's shown no sign of eczema? Felix is five – has he got anything like this?"

"No, Noah doesn't even seem to realise they're there. He's two-and-a-half and there's no sign of eczema, thank goodness. Felix is five and he hasn't got any of those warty things."

"Well," says David, "I don't think it's warts but it's nothing serious. But I think you'll need to keep an eye on Felix."

#### Questions

1. What are Noah's 'warts' likely to be?
2. How is the condition managed?
3. Why did David tell Melanie to keep an eye on Felix?



This article can help in the following CPD competencies: **G1a, G1d, G1q, C1f, C2a, C3c**  
See

[www.tinyurl.com/194zu](http://www.tinyurl.com/194zu)

#### Clinical News

##### Co-proxamol reminder

The MHRA has reminded patients and health professionals that the market authorisations for co-proxamol officially end on December 31, and that authorisation holders should not release further supplies to the normal distribution chain after that date. Patients who find it difficult to change from co-proxamol, or for whom the available alternatives prove ineffective or unsuitable, can be supplied unlicensed Distalgesic (available from Clinigen, tel: 01283 494340) on the

responsibility of the prescriber.

<http://tinyurl.com/383b6e>

##### MHRA publishes Sativex report

The MHRA has published a public information report on the unlicensed cannabis-based multiple sclerosis treatment Sativex. Although the makers withdrew an application for a licence in August 2006, it has been supplied on a named-patient basis to 1,200 patients in the UK.

<http://tinyurl.com/27lnxo>

1. *Molluscum contagiosum*, caused by a DNA pox virus. Lesions occur in groups anywhere on the body, except the palms of the hands and soles of the feet. They are usually between 1mm and 5mm across and the maximum number of lesions is usually no more than 20, clustered in one or two areas. They are usually quite painless, although they may become inflamed and itchy prior to spontaneous resolution.

2. There is no cure. The infection is self-limiting but usually takes between one and two years to clear up completely. Unless the lesions are painful or otherwise causing problems treatment is not advised, particularly in young children, as it may lead to scarring.

3. *Molluscum contagiosum* is infectious and transmission is via close personal contact or infected towels, flannels etc. It does not mostly in young children. It does not disproporionately affect children with atopic eczema, but eczematous patches may develop around the lesions in people with a history of atopy. If troublesome these are treated in the same way as eczema rashes.

Answers

Need information about providing a flu vaccination service?

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Developed in consultation with practising pharmacists and C+D, SearchMedica is a unique search engine that gives you access to the medical information you need.

Whether you are looking for information on vaccines or want to refresh your knowledge of dosing, SearchMedica's multiple search options and categorised results will help you find it online.

Try it today - [www.searchmedica.co.uk](http://www.searchmedica.co.uk)



**SearchMedica**  
The medical search engine

# Cold resolution

Online and national TV support is set to give Zovirax cold sore cream a new year boost.

The £850,000 TV campaign sees the return of the 'Helmet' creative to screens between January 7 and February 3. It is said to symbolise how self-conscious cold sore sufferers feel. Updating the ad, a product demonstration has been introduced while the strapline remains 'Nothing works faster'.

The brand's website has undergone a transformation into 'Emma's place'. Photos and diary entries chart Emma's experiences from the development of a cold



sore through successful treatment with Zovirax. The interactive site offers information on triggers, coping strategies and FAQs.

#### Product info:

GlaxoSmithKline Consumer Healthcare  
Tel: 0845 7626637  
www.zovirax.co.uk

# Festive Deep Heat

Deep Heat is starring in a TV ad campaign over the festive period. Millions of viewers are expected to see the advert featuring a glowing patch and the tagline 'There's no patch quite like a Deep Heat patch'.

The advert will be screened around popular programmes including 'Countdown' and 'Deal or No Deal'. January 1 sees the introduction of a new trade contact: Laser Healthcare, tel: 01202 780558. Until then, use the number on the right.



#### Product info:

Powered Healthcare  
Tel: 0845 222 0555



## Products advertised on TV next week

**Benylin Cold&Flu Max Strength Capsules:** All areas

**Benylin Chesty Coughs (Non-Drowsy):** All areas

**Bonjela:** C4, five, Sat

**Covonia:** GMTV, Sat, five, U,G,A,HTV,TT

**Deep Heat:** All areas, except five

**Gaviscon Liquid and Handy Pack:** All areas

**Gaviscon Double Action:** All areas

**Olbas Powerflu:** ITV, GMTV, Sat, STV

**Optrex:** All areas

**Seven Seas JointCare & CLO:** All areas

**WindSetlers and Setlers Heartburn:** GMTV, five

**PharmaSite for next week:** Nurses – windows, Nurses – in-store, Nurses – dispensary

**Pharmacy channel:** Murine, Senokot Dual Relief

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

# ANADIN

## Know what's best for tension headache?

### Try our quick test to find out.

#### Questions

- Q1** Generally, what's the cause of tension headache?
- Q2** What symptoms do sufferers with tension headache describe?
- Q3** Which of the following ingredients has been proven to be most effective in treating headaches?  
☐ aspirin    ☐ paracetamol    ☐ caffeine
- Q4** Which ingredient, when used in combination with aspirin and paracetamol, speeds up pain relief?
- Q5** Which product contains the triple combination of ingredients proven to be more effective than either analgesic taken alone?
- Q6** What advice would you give your customers to help with tension headache?

### Turn over to find out how you did.



### Anadin – Specialised Pain Relief.

**Anadin Extra Tablets.** Contains aspirin 300mg, paracetamol 200mg, caffeine 45mg. **Indications:** headaches and aches and pains. **Legal Status:** 8s, 12s, 16s GSL; 32s P.

For further information please contact Wyeth Consumer Healthcare, SL6 0PH, UK.

\*Trade Mark

Take The Test



## Now I'm a believer

The patient doesn't always know best, but their opinion is often belatedly proven superior to that of the most eminent scientist and mocks those who mutter 'placebo' under their breath. My patients have been telling me of the wondrous healing properties of topical ibuprofen gel for years, despite the scientific community dismissing it as inferior to the oral version. Now they have finally been proved right (C+D, December 15, p16).

I have always thought that 'I believe' gel was aptly named because its efficacy required an unhealthy dose of optimism on the part of the old dear who could barely reach her knees, never mind rub in the optimum amount of gel at the appropriate times. But the latest learned paper in the BMJ informs me that Mrs Jones was right all along. "It's magic stuff, that 'I believe', Mr X. It makes me feel 10 years younger."

I remain sceptical about the product's rejuvenating properties, but now my scientific conscience is clear and I'm delighted to have one more cost effective product in my OTC armoury. I no longer need to resort to silly jokes and innuendo about who will apply the product in order to hide my embarrassment about selling an inferior medicine.

Margaret and Jean have never had any qualms about selling topical ibuprofen, as they have always believed, based on the sheer numbers of



customers who swear by it, that it's a perfectly good medicine. If I'd ever "go off on one" about the scientific demerits of topical NSAIDs, they'd simply roll their eyes and mutter to each other about me having "a bee in my bonnet". "He's just trying to show how clever he is again," says Margaret. Ann, however, has always been on my side on this one, particularly as scripts for topical NSAIDs have declined dramatically as GPs followed the same scientific dogma as me. "If the doctors don't prescribe it, then it can't

be much good," has always been Ann's fairly sound reasoning.

But one product's gain is often another's loss and sales of oral ibuprofen medicines could take a serious knock as a consequence of my new-found belief in the topical variations. Why would you risk those nasty side effects that can come with ibuprofen tablets when rubbing in a little gel will work just as well? Apart from those who prefer the convenience, those who can't reach their painful area, and those with headaches, many patients could 'go topical'.

I wonder which popular 'myth' will be debunked next. It's too late to save co-proxamol from scientific dismissal, but there is still time to prove that cough mixtures cure coughs and tonics make you feel better. But whatever the scientists prove next, they're unlikely to tell my counter assistants anything they don't know already.

Is Xrayser right? Comment at [www.chemistanddruggist.co.uk/xrayser](http://www.chemistanddruggist.co.uk/xrayser)

## The D'Arcy angle

John D'Arcy

## Direct to pharmacy – one OFT wet blanket

After all the hype and expectation, the OFT report on direct to pharmacy (DTP) schemes is a wet blanket.

The OFT acknowledges that there are risks inherent in DTP because sole supply arrangements may lead to an increase in the price paid by the NHS for medicines and/or it could prejudice supply to patients. It's good to see the OFT has taken on board the concerns expressed about these schemes.

While the report suggests that DTP schemes may affect competition, it falls short of saying that they are anti-competitive. In so doing, it gives DTP the green light and it must now be assumed that all manufacturers will go down this route. The OFT report says that in response to DTP, the government should beef up the PPRS to ensure that there is no increase in price paid by the NHS for medicines. Here we see the OFT having another bite at the cherry because it has already looked at PPRS and made recommendations toward improvement.

Getting market forces working in a controlled environment such as the NHS is always going to be difficult. However, and as the OFT report acknowledges, the incentives inherent in the traditional supply arrangements have resulted in

considerable discount being driven into the system. And the twin price control mechanisms of PPRS and pharmacy clawback have given the NHS huge cost savings.

But saving cost is only part of the value equation. Just as important is ensuring that having been prescribed medicines, patients take them properly. Inappropriate medicines use and non-compliance are major problems resulting in considerable cost to the taxpayer. Ensuring medicines are taken safely, appropriately and cost effectively is a key role for pharmacists and a large amount of work is going on in this area through various medicines management schemes – including MURs.

We wait to see how the government responds to the OFT's report. But if manufacturers are serious about getting closer to pharmacy – as the scheme suggests – then we need to see more examples of pharmacy and industry collaborating on compliance programmes to ensure medicines are used to best effect.

**John D'Arcy is commercial director for Rowlands**



## Locum at large

## Golden age or crystal balls?



The dawn of a new year heralds the usual bout of resolution making and forecasting.

Polishing my pharmaceutical crystal ball, with a wary look over my shoulder at the year just ended, what do I see? What glimmers of hope do I glean for the future, what markers herald the arrival of the new golden age that we were promised when the new contract came in? One always attempts to be positive and optimistic when trying to forecast and many will feel that much of the doom and gloom of the past few months has been overdone.

But has it? The catastrophic reduction in category M prices and the resultant loss of a substantial part of much, or for some, all of the profit that they make out of their businesses, has at a stroke wiped out virtually all of the financial benefits that pharmacy could derive from delivering the various levels of service required.

All those shiny new consultation rooms, all that training and accreditation, all the time spent on generating extra income from smoking cessation, EHC, MURs, monitoring blood pressure and cholesterol levels, etc. At a stroke, they have become effectively loss-making procedures that may do wonders for pharmacists' self-esteem and professional reputation but effectively deliver little financial benefit to employers.

Couple that with the failure of many of our constantly re-organised and overwhelmed PCTs to even commission many of the services from which ministers ignorantly assume we are deriving income, and one can see that pharmacy has a real problem on its hands.

For how long will the supermarkets, for one, put up with this situation? They are businesses, not philanthropic organisations.

They have shareholders to satisfy, not government ministers. As companies take measures to reduce costs and overheads, it is clear that staff costs are being forced to take much of the strain.

The announcement by one company that from January 2008, it was reducing locum payments to no more than £19 per hour, and the freezing of rates by another company should be seen in the context of finance directors also cutting staff numbers, and often refusing to pay overtime to the consternation of lowly paid staff who rely on such payments to boost what is often little more than the national minimum wage.

There was nearly a walkout in one supermarket pharmacy near me when staff, who generously performed hours of paid overtime due to staff shortages, were told that they would have to take time off in lieu instead. Naturally that only made the under-manning worse and I constantly work in pharmacies where there are just not enough staff to cope with the volume of business, particularly prescriptions, pouring in.

In one pharmacy recently, monstrously over-worked, tearful and almost screaming staff came to the end of their tether and announced that they were walking out, they had had enough and could take no more. Swamped with a veritable torrent of repeats pouring out of the local surgery and a shop full of impatient customers demanding immediate attention, a call to the locum co-ordinator elicited the response that no assistance was available and, in any case, the branch had exceeded its wages budget, so no more staff costs could be allocated to it! Great when you are trying to deliver a quality service to the public.

Perhaps I had better put that crystal ball away; I might frighten myself to death!

C+D will be running a salary survey in January. Register with our free email alert service at [chemistanddruggist.co.uk/register](http://chemistanddruggist.co.uk/register) so you don't miss the chance to take part

ANADIN

## How did you do?

Answers

## Answers

- A1** Stress is generally the cause of tension headache.
- A2** Tension headache symptoms include **a dull, aching pain** that feels like a tight band around the head. Can feel like the pain is coming from the neck.
- A3** **The combination of all three.** The triple combination of aspirin, paracetamol and caffeine, found in **Anadin Extra**, has been shown to be significantly more effective than either analgesic alone when given at their full recommended doses<sup>1</sup>.
- A4** **Caffeine.** Caffeine, when used in combination with aspirin and paracetamol has been shown to have a synergistic effect that speeds up pain relief<sup>1</sup>.
- A5** **Triple action Anadin Extra** contains the triple combination of aspirin, paracetamol and caffeine proven to be more effective and faster at tackling tension headaches than taking the ingredients separately<sup>1</sup>.
- A6** **Recommend Anadin Extra** and rest and relaxation. Suggest ways to de-stress.



## Anadin - Specialised Pain Relief.

**Reference:** 1) A total of 1983 patients were involved in the multi-centre, randomised, double blind placebo controlled study in Germany with subjects ranging from 18 to 65 years old. The research was conducted by H.C. Diener, V. Pfaffenrath, L. Pageler, H. Peil, B. Aicher and published in 2005 in Cephalalgia, issue 25, pp776-787 but has not been published in the UK. The combination used in the study was 250mg aspirin, 200mg paracetamol and 50mg caffeine. Anadin Extra contains 300mg aspirin, 200mg paracetamol and 45mg caffeine.

**Anadin Extra Tablets.** Contains aspirin 300mg, paracetamol 200mg, caffeine 45mg. **Indications:** headaches and aches and pains. **Legal Status:** 8s, 12s, 16s GSL; 32s P.

For further information please contact Wyeth Consumer Healthcare, SL6 0PH, UK.

\*Trade Mark

# Increasing Product Knowledge for **Counter** **Assistants** – NPA Pharmacy Interact

Having the right skills and good product knowledge is vitally important for staff working on a medicines counter – perhaps more so than in any other area of retail as people's health may depend on the service you provide.

The NPA Pharmacy Interact Course will help medicine counter assistants gain and develop the product knowledge they need to work in a pharmacy.

Interact consists of two parts, each containing five modules. Each part of five modules is sent out separately for the assistant to work through at their own pace, usually taking around 6 months for completion.

This course satisfies the RPSGB's requirements for training medicine counter staff.



#### The course covers:

- Pain
- Coughs, Colds and Hay Fever
- Indigestion, Heartburn and Constipation
- Women's Health, Child Health and Family Planning
- Holiday Healthcare and First Aid
- Skin and Feet
- Mouth, Eyes and Ears
- Healthy Living, Natural Remedies, Vitamins and Minerals
- Pet Medicines

Registration is taken over the telephone, by registration form or email by assistant's name. There is an option for online assessment but this must be requested when enrolling. Contact the NPA Training and Skills Department on 01727 858687 ext. 3457 or email [training.dept@npa.co.uk](mailto:training.dept@npa.co.uk) for more information.

**Order code:** NIT001

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# C+D Clinical

## Fibromyalgia: treating the enigma

Research is shedding more light on an enigmatic condition involving widespread intense chronic pain

### Key points

- Between eight and 10 per cent of adults experience chronic diffuse musculoskeletal pain. Around half meet the criteria for fibromyalgia.
- Fibromyalgia patients experience widespread, intense, chronic pain and a variety of other symptoms including headaches, fatigue, insomnia, poor physical performance, and psychological or psychiatric problems.
- Fibromyalgia is 10 times more common among women than men.
- The differential diagnosis includes rheumatological diseases, chronic fatigue syndrome, hypothyroidism, and myofascial pain syndrome.
- The optimal management encompasses patient education, CBT, drugs and exercise.

### Mark Greener

Fibromyalgia is an enigma. No-one disputes that patients experience considerable pain and distress, but the pain is diffuse, there is no obvious pathology in particularly tender areas, psychological factors strongly influence the condition and treatment often poses problems. Many clinicians traditionally regarded fibromyalgia as predominately psychosomatic, rather than neurological or physiological.

However, advances over recent years might be on the verge of resolving these pathophysiological and therapeutic enigmas. For example, imaging studies reveal several differences in the brains of people with fibromyalgia compared with controls. Furthermore, a growing body of evidence suggests that certain treatments relieve this potentially disabling disease.

### Signs and symptoms

Some patients describe fibromyalgia's hallmark – widespread, intense, chronic pain – as "excruciating... like red hot poker from my head to my toes". Others describe the pain as burning, a gnawing soreness, ache or stiffness. Any stiffness is usually worse in the

### Reflect

What do you know about fibromyalgia? With what other conditions might it be confused? Which drugs might be used to treat fibromyalgia?

### Plan

Fibromyalgia is notoriously difficult to treat because its exact cause is unknown. This article should help you understand more about the signs and symptoms, differential diagnosis, possible aetiology and current thinking on treatment.



This article can help in the following CPD competencies: **G1a, G1d, C1f, C3e, C4k**. See [www.tinyurl.com/194zu](http://www.tinyurl.com/194zu)



The artist Frida Kahlo is thought to have been a fibromyalgia sufferer according to the website [www.myalgia.com](http://www.myalgia.com)

Photo: Spira Press/Rex Features

...which gradually improves. Some patients complain of low back pain, while others report painful, tight neck and shoulders. The pain is widespread, occurring for example, on both sides of the body as well as above and below the waist. However, non-muscular sites, including the thumb, can also feel tender. Such symptoms are common, with between eight and 10 per cent of adults experiencing chronic diffuse musculoskeletal pain. Around half of these meet the diagnostic criteria for fibromyalgia, which include tenderness in at least 11 of 18 defined muscular sites for at least three months. The prevalence increases steadily until about 80 years of age and then declines. Fibromyalgia is 10 times more common among women than men.

Apart from the chronic, widespread pain, many people with fibromyalgia experience a variety of other symptoms including fatigue, disturbed sleep, lightheadedness, dizziness, poor physical performance and psychological problems, such as memory disturbances, impaired cognition, anxiety and depression. Many patients report joint swelling or paresthesias, but careful examination doesn't reveal any objective rheumatological or neurological changes. About half report headaches, some similar to migraine.

Not surprisingly, this spectrum of symptoms can dramatically undermine functional performance and quality of life. The Fibromyalgia Impact Questionnaire ([www.myalgia.com/FIQ/fiq.pdf](http://www.myalgia.com/FIQ/fiq.pdf)) helps assess a patient's ability to perform activities of daily living.

## Differential diagnosis

The differential diagnosis includes:

- rheumatological diseases such as polymyalgia rheumatica
- chronic fatigue syndrome
- hypothyroidism, which produces symptoms of fatigue, muscle weakness and generalised malaise, and closely resemble fibromyalgia
- myofascial pain syndrome, in which local areas of specific muscles are painful and tender, contrasting with fibromyalgia's widespread pain and systemic symptoms.

Hypothyroidism produces fatigue, muscle weakness and generalised malaise, a constellation of symptoms that closely resembles fibromyalgia. Metabolic and inflammatory myopathies (for example, associated with statins) may also mimic fibromyalgia.

Differential diagnosis can prove especially difficult in undifferentiated or early rheumatoid arthritis, but rapid treatment greatly improves outcomes. Three simple criteria facilitate appropriate early referral (see table above) to a

## Table: Criteria for referral to rheumatology clinic<sup>5</sup>

Three or more objectively swollen joints

Morning stiffness that lasts more than 30 minutes

Involvement of the metacarpal or metatarsal joints, or both

rheumatology clinic. Weight loss is rarely associated with fibromyalgia so warrants investigation.

The GP might also consider referring patients with chronic pain for a psychiatric assessment. Despite the well-recognised contribution that psychological symptoms make to fibromyalgia, mood disorders may be under-diagnosed and inadequately treated in chronic pain.

## The psychiatric overlap

Fibromyalgia's overlap with psychiatric conditions has contributed to the impression that the problem was mainly psychosomatic. Certainly, fibromyalgia patients who attend GP surgeries or rheumatology clinics characteristically endure greater psychological distress than those who don't present, though chronic pain can induce depression and anxiety.

Against this background, some clinicians regarded fibromyalgia as a functional somatic syndrome: in other words, a physical manifestation of emotional distress.

Certainly, divorce, poor educational attainment, low income, somatisation disorder (when a psychological problem manifests as a physical symptom or range of symptoms), chronic, medically unexplained symptoms, often non-specific and atypical, in several organ systems), anxiety, and personal or family history of depression are all associated with an increased risk of developing fibromyalgia.

Furthermore, a disproportionate number of fibromyalgia patients with numerous tender points endured traumatic childhood experiences, such as the death of a parent or abuse.

However, this association doesn't necessarily prove that life events cause the condition fibromyalgia – instead, they may act as triggers or factors that prompt patients to seek medical attention.

According to this concept of the disease, the diverse, but often non-specific, symptoms of fibromyalgia are "idioms of distress". Some clinicians believe that fibromyalgia fits alongside Gulf War Syndrome, Candida hypersensitivity and repetitive strain injury as a label patients

apply to a syndrome consisting of these idiomatic symptoms.

Furthermore, irritable bowel syndrome, irritable bladder, dysmenorrhoea, premenstrual syndrome, restless leg syndrome, temporomandibular joint pain, and non-cardiac chest pain, Raynaud's phenomenon, and sicca syndrome (dry mouth) seem to be common co-morbid conditions. As many functional somatic syndromes show overlapping symptoms, some clinicians argue that, presented with the same patient, a gastroenterologist will diagnose irritable bowel syndrome, a cardiologist atypical or non-cardiac chest pain, and a rheumatologist fibromyalgia.

## Towards an aetiology

A growing number of imaging studies are beginning to characterise alterations in the brains of people with fibromyalgia that could help understand the neurological basis of the condition. As noted above, fibromyalgia patients report widespread muscular pain but neither histological nor metabolic analyses reveal any abnormalities, leading some researchers to suggest that abnormalities in central mechanisms controlling pain perception might heighten patients' sensitivity to blunt pressure. Normally, these pain pathways protect patients from harm. However, dysfunctional pathways lead to chronic "maladaptive disease states" including fibromyalgia.

Imaging studies have revealed several differences between the brains of people with fibromyalgia and controls. For example, people with fibromyalgia show different baseline patterns of neural activity, particularly in the caudate nucleus, an area of the brain involved in pain perception. Fibromyalgia patients also tend to use a greater proportion of their brains than people of the same age to achieve similar cognitive performances.

Furthermore, the changes in brain activity when the patient is subjected to pressure or heat are consistent with their verbal reports of pain intensity. These sensations become unpleasant at intensities lower than those that healthy controls find noxious. The imaging studies

also show that the presence of certain attitudes and beliefs, such as locus of control and catastrophising, but not depression, influence the sensory-discriminative dimension (the part of the pain 'experience' that tells you you've been hurt and where) in fibromyalgia.<sup>3</sup>

A more recent imaging study showed that fibromyalgia patients have fewer available mu-opioid receptors in certain parts of their brains (such as the amygdala, the dorsal cingulate and nucleus accumbens) that influence pain, compared with controls. Endorphins act as endogenous analgesics. Therefore, patients with fewer mu-receptors would experience greater overall pain for any given stimulus. Apart from helping to understand how the condition arises, the reduction in mu-receptors explains why opiates are less effective in fibromyalgia than other painful diseases.

### Treating fibromyalgia

The optimal management encompasses patient education, cognitive behavioural therapy (CBT), drugs and exercise. A systematic review found strong evidence supporting intensive patient education, typically using group lectures, written materials, discussions and demonstrations over six to 17 sessions. Education improved at least one of the following: pain, sleep, fatigue, self-efficacy, quality of life and distance walked in six minutes, with benefits lasting three to 12 months.

Similarly, psychological and cognitive

behavioural therapy have been shown to decrease the severity of pain and improve physical performance over six to 30 months. Randomised controlled trials have also suggested that fibromyalgia patients benefit from meditation, relaxation and stress management. Community pharmacists could therefore suggest that fibromyalgia patients join local meditation and stress management classes as well as exercise. The programme should aim to improve strength, aerobic conditioning, flexibility, and balance.

A recent review of 46 studies encompassing 3,035 fibromyalgia patients found that exercise improved health and fitness as well as alleviating symptoms. Patients were most likely to adhere to, and benefit from, regimens of the appropriate intensity that they could modify, and were limited by the symptoms (for example, low rather than high impact).

Tricyclic antidepressants, specifically amitriptyline, relieve pain, aid sleep and treat concomitant mood disorders. Although most selective serotonin reuptake inhibitors (SSRIs) are weak analgesics, some (and some serotonin-norepinephrine reuptake inhibitors (SNRIs) can help improve some fibromyalgia symptoms. The combination of amitriptyline and fluoxetine is more effective than monotherapy with either drug. Tramadol, a centrally-acting narcotic analgesic, is effective in patients with mild to moderately severe pain. However, many fibromyalgia patients take OTC or prescription non-steroidal anti-inflammatory drugs despite a lack of evidence of effectiveness.

### For the future

Fibromyalgia remains enigmatic. Nevertheless, there's increasing evidence of specific differences in fibromyalgia sufferers' brains and a growing choice of established treatments. The strongest evidence supports low-dose tricyclics, CBT, education and exercise, but some patients may benefit from tramadol, SSRIs, SNRIs, certain anticonvulsants, acupuncture, hypnotherapy, biofeedback, soft-tissue massage and warm water baths. However, future studies need to assess efficacy and tolerability during chronic treatment, the benefits of combining therapies and investigate other complementary approaches for this distressing and common condition.

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### Continuing Professional Development



#### Act

- Find out more about the condition by looking at the Fibromyalgia Association's website ([www.fibromyalgia-associationuk.org](http://www.fibromyalgia-associationuk.org)). Read the section "Guidance on management of fibromyalgia for the multidisciplinary team" (doctors' medical pack).
- Patient information booklets are available on this site, including advice on welfare benefits. Make a note of the association's helpline and other resources that might help patients. The site [www.patient.co.uk/showdoc/27000172](http://www.patient.co.uk/showdoc/27000172) might also be useful.
- A US site – [www.fibromyalgiasupport.com](http://www.fibromyalgiasupport.com) – gives more information about treatment.
- Write notes on how you might encourage someone in constant pain to exercise, if the exercise will help rather than harm their condition. The site [www.myalgia.com](http://www.myalgia.com) gives advice on suitable exercises for people with fibromyalgia.
- Think what you might say to a sufferer who's been told that fibromyalgia is "all in the mind" or asks if there's a cure.
- List any patients you have with fibromyalgia. What are their main symptoms? Which treatments have been most successful? Is there anything you might do to help them, in the light of what you have read in the article and on the above websites?

#### Evaluate

After reading the article and carrying out the above actions, do you feel better able to advise patients with fibromyalgia?

For a free weekly email alert on C+D's Pharmacy Update series, please register at:

[www.chemistanddruggist.co.uk/register](http://www.chemistanddruggist.co.uk/register)



# C+D Update 2008

## Thinking about New Year resolutions before Christmas?

**W**ith mandatory continuing professional development for practising pharmacists coming closer, now is the time to start thinking about the continuing education you want to undertake in 2008.

Pharmacy Update will be back in 2008 with new sections such as 'MUR Tips' and 30+ modules covering key areas of practice.

### What if I miss a module or question paper?

Go to the new C+D website at [www.chemistanddruggist.co.uk/update](http://www.chemistanddruggist.co.uk/update) to download any modules or question papers you have missed during the year.

### Why should I sign up?

- You'll be able to access over 30 accredited modules, which can be included in your RPSGB 'Plan & Record' CPD portfolio for 2008.
- The course provides you with straightforward self-test questions and evidence of completion for your CPD portfolio.
- Update Knockout will offer you a chance to pit your knowledge against your colleagues across the UK and win a £2,000 first prize.

Northern Ireland pharmacists who enrol for Pharmacy Update in 2008 will have their registration fee paid by NICPPET.

### Save £5 by registering now

If you register before January 31 you can save £5 on the annual registration fee of £32.50.

### Enrol a colleague and save a further £10

You can save another £10 simply by encouraging a colleague who did not register for Update in 2007 to join before January 31, 2008.

For every colleague that is enrolled, Update sponsor Genus Pharmaceuticals will donate £10 to charity TB Alert ([www.tbalert.org](http://www.tbalert.org)).

### Sounds great! What do I need to do?

- Register using the form on the facing page.
- Download a registration form from [www.chemistanddruggist.co.uk/update](http://www.chemistanddruggist.co.uk/update).
- Phone Pauline Sanderson on 01732 377269 for credit or debit card payments only.

### To sign up a colleague all you need to do is:

- Ask your colleague to complete their details on the enclosed colleague form, making sure they quote your name so that you receive the extra saving on the registration fee. Post both forms together to Pauline Sanderson before the end of January 2008.

Return form with a cheque or credit/debit card details to:

Pharmacy Projects, CMP Medica Ltd, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE

### Pharmacy Update 2008 registration form

#### Option one:

Please register me for Pharmacy Update in 2008. I am taking advantage of the New Year deal to register before January 31, 2008.

☐ I enclose a cheque payable to CMP Information for £27.50

☐ Please charge £27.50 to my credit/debit card

#### Option two:

Please register me for Pharmacy Update in 2008. I am taking advantage of the New Year deal to register before January 31, 2008 AND I have signed up my colleague:

\_\_\_\_\_ (print full name of colleague)

☐ I enclose a cheque payable to CMP Information for £17.50

☐ Please charge £17.50 to my credit/debit card

☐ Completed Colleague form plus his/her payment enclosed

#### Card Payment Details

Card type: Credit ☐ Visa ☐ Mastercard ☐  
Debit ☐ Maestro ☐  
Other (please state) \_\_\_\_\_

Card No: \_\_\_\_\_

Expiry date: \_\_\_\_\_ Issue No (debit cards): \_\_\_\_\_

☐ Tick this box if you are registering for Pharmacy Update before January 31, 2008, but DO NOT want to be automatically entered for Update Knockout 2008.

☐ I am a pharmacist registered and practising in Northern Ireland and wish to register under the NICPPET scheme (DO NOT SEND/AUTHORISE ANY PAYMENT).

My PSNI registration number is: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

(No payment will be accepted without a phone number)

Email address: \_\_\_\_\_

(To receive regular Update email alerts)

### Pharmacy Update 2008 colleague registration form

My colleague \_\_\_\_\_ (print full name of colleague) has signed me up to the Pharmacy Update 2008.

Please register me for Pharmacy Update in 2008. I am taking advantage of the New Year deal to register before January 31, 2008.

☐ I enclose a cheque payable to CMP Information for £27.50

☐ Please charge £27.50 to my credit/debit card

#### Card Payment Details

Card type: Credit ☐ Visa ☐ Mastercard ☐  
Debit ☐ Maestro ☐  
Other (please state) \_\_\_\_\_

Card No: \_\_\_\_\_

Expiry date: \_\_\_\_\_ Issue No (debit cards): \_\_\_\_\_

☐ Tick this box if you are registering for Pharmacy Update before January 31, 2008, but DO NOT want to be automatically entered for Update Knockout 2008.

☐ I am a pharmacist registered and practising in Northern Ireland and wish to register under the NICPPET scheme (DO NOT SEND/AUTHORISE ANY PAYMENT).

My PSNI registration number is: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

(No payment will be accepted without a phone number)

Email address: \_\_\_\_\_

(To receive regular Update email alerts)

# C+DUpdate2008



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**S**ometimes the reindeer will soon be loaded with a sleighload of problems that many pharmacists may choose to pass on the expensive presents this year. The profession has felt the pinch as the Department of Health turned Ebenezer Scrooge this autumn when it took £500 million out of contractors' purchase profits, bah humbug. It wasn't the only one not in the mood for giving generously. The Royal Pharmaceutical Society hiked up retention fees to £395 and was duly vilified like a pantomime villain. The profession was left dreaming of a white paper, only to be left out in the cold as the blueprint for pharmacy services fell back to early 2008. Let's hope good things come to those who wait.

# That was the

## Winter déjà vu

**S**ometimes pharmacists must feel like Bill Murray in the film Groundhog Day. Murray's character Phil Conors is forced to repeat the same day over and over again. The profession on the other hand just hears the same recurring message from Whitehall.

The year kicked off with primary care think-tank, Health Policy Forum, reaching the all too familiar conclusion that PCTs don't commission pharmacies to best effect.

A further déjà vu moment followed with the departure of another pharmacy minister. Andy Burnham handed the baton to Lord Hunt after just seven months in the job and the industry started its stopwatch.

But before hanging up his pharmacy hat, Mr Burnham had time to announce a review of the control of entry regulations. Measures meant to deliver greater consumer choice through fast track pharmacy contracts had actually confused local NHS planning, the DH ruled.

The Society started its annus horribilis with a £1 million bill for changes set out in the Section 60 order. Worse was to follow as a white paper announced the RPSGB's regulatory powers would shift to a new General Pharmaceutical Council. And eight wholesalers failed in their 11th hour bid for a high Court injunction against Pfizer's DTP deal. The controversial supply scheme got going with UniChem claiming it had made over 99 per cent of deliveries on time in its role as sole distributor for Pfizer medicines. But reports still surfaced of teething troubles and awkward cut-off times.



### January:

#### Good month for:

- **Coventry:** Ten pharmacies launched an innovative pilot service to help combat obesity. The trailblazers hoped the scheme could be the forerunner for a national obesity service.
- **Northern Ireland:** Five pharmacists in the province are among the first in the UK to register as independent prescribers.

#### Bad month for:

- **Samuel Ashby:** The 61-year-old Australian pharmacist finds himself with a date at the crown court after attacking an RPSGB official with an iron bar during a statutory committee hearing.
- **West London pharmacies:** Contractors in Kensington & Chelsea predict a 15 per cent fall in trade ahead of Ken Livingstone's plans to extend the congestion charge to the area.



**"In many places services haven't changed one iota," a brutal assessment on the control of entry changes by a patient in Preston**

### February:

#### Good month for:

- **Chris Martin:** The Pembrokeshire pharmacist and non-executive director at UniChem is named as a member of the Welsh NHS confederation board.
- **Boots:** The retailer secures a PGD to supply Viagra in three Manchester stores.

#### Bad month for:

- **Patricia Hewitt (left):** The health secretary's husband campaigns against a pharmacy opening under the control of entry exemptions she introduced.
- **Big pharma:** The OFT recommends a radical overhaul of drug pricing to ensure the price paid for medicines is more closely linked to their therapeutic value.



C+D looks over the  
highs and lows of  
the past 12 months  
as the curtain comes  
down on 2007

# year that was



## March

### Good month for:

• **Lord Hunt:** The new pharmacy minister outlines his pharmacy blueprint to C+D. He rules out a national minor ailments scheme and focuses on building better relations with GPs.

• **Lloydspharmacy:** Reports an 11.6 per cent rise in turnover in 2006 annual results.

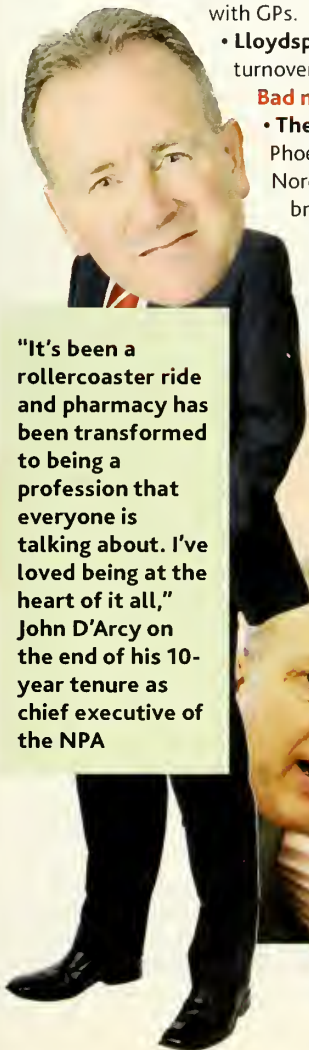
### Bad month for:

• **The High Court eight:** Wholesalers AAH, Phoenix, Mawdsleys, Munro, Maltby & Sons, Norchem, PIF and Sangers fail to put the brakes on the Pfizer DTP deal.

• **Nucare:** The pharmacy virtual group sets its sights on stock market flotation after "extremely disappointing" end of year profits.

"What has happened to trust in pharmacy?" Gopa Mitra, Proprietary Association of Great Britain, director of health policy and public affairs, reacts to MHRA proposals to reclassify pseudoephedrine and ephedrine-based medicines as prescription-only

"It's been a rollercoaster ride and pharmacy has been transformed to being a profession that everyone is talking about. I've loved being at the heart of it all," John D'Arcy on the end of his 10-year tenure as chief executive of the NPA



Left to right: John D'Arcy, Lord Hunt and MP Howard Stoaie



## Springing into action

Did the lightest months of the year see a spring in pharmacy's step?

The announcement of an Office of Fair Trading study into medicines distribution failed to placate worries over supply changes, with PSNC saying its completion would come too late to protect contractors against cashflow and ordering problems. AstraZeneca announced its two-wholesaler deal just three weeks later.

Meanwhile, C+D had launched its Stop the Switch campaign to defend pharmacy against MHRA proposals to change pseudoephedrine and ephedrine-based medicines from pharmacy to prescription-only, labelled "draconian" by MP Howard Stoaie.

The C+D Cut Carbon Challenge dared pharmacists to go as green as the blossoming countryside. But the drugs supply chain was soon vying for the headlines again, with the discovery of three batches of counterfeit drugs within the space of a fortnight.

Summer rolled in with the publication of the all-party pharmacy group's year-long inquiry into the future of pharmacy, which called for cash to tackle public health and found failings in pharmacy leadership, PCT commissioning and pharmacist-GP relations.

## April

### Good month for:

• **Wales:** Fanfare frenzy as the smoking ban came into force in the same week as prescription charges were abolished.

• **Stop the Switch:** Pharmacy chiefs, MPs and consumer watchdog Which? backed

C+D's campaign to prevent the P to POM reclassification of medicines containing ephedrine and pseudoephedrine.

**ADAPW:** Labelled "out of step" by former member UniChem as the wholesaler exited the trade body following rows over UniChem's DTP deal with Pfizer.

- **Diabetics:** The majority of British patients lack the information they need to care for their condition, an international study showed.

"Too many pharmacists are making too much of a hoo-ha about this," Manchester pharmacist Rajesh Vitlani played down the profession's distribution deal worries

## May

### Good month for:

- **The environment:** Well, maybe. C+D's green survey showed that 87 per cent of pharmacists claimed to be concerned about energy efficiency, yet only 10 per cent had switched to energy efficient light bulbs. Remember: actions speak louder than words.

- **Pharmacy technicians:** The RPSGB AGM rejected a motion to ban technicians from joining the Society or a future pharmacy royal college by 48 votes to 34.

### Bad month for:

- **Asthma sufferers:** Pharmacy bodies called for a greater role for the profession in long-term management of the condition, after a major report by Asthma UK highlighted failings in patient support.
- **Practice-based commissioning:** Has it had a good month yet? A Webstar Health survey of senior PCT figures for C+D found just 5 per cent were convinced PBC groups had a good grasp of community pharmacy and were confident of the links between the profession and the groups.



“ They led us down the garden path ”

Recently re-elected RPSGB president Hemant Patel accused the government of misleading the Society over its regulation policy

"You are terrible at lobbying," Labour MP Jim Devine called pharmacists to arms at an RPSGB regional conference

## June

### Good month for:

- **E-record access:** Health minister Caroline Flint told parliament the government supported pharmacist access to electronic patient care records. But she admitted there were confidentiality concerns.
- **Smoking cessation services:** Evidence from Northern Ireland showed a five-fold increase in the number of people setting a quit date with pharmacy services prior to the introduction of its smoking ban on April 1. And as the England date of July 1 loomed, an Alliance Pharmacy survey indicated that seven out of 10 smokers saw pharmacist help as the key to quitting.

### Bad month for:

- **MURs:** A British Medical Journal editorial criticised medicines use reviews following two unfavourable studies published in the journal. Pharmacists defended their advanced service, saying the research did not reflect practice, but a fortnight later a motion questioning MURs' use was put to the annual Local Medical Committees' conference.
- **Pfizer:** Fifteen per cent of independent pharmacists claimed the manufacturer was rationing drugs lines under its DTP distribution, in a survey by the Independent Pharmacy Federation. Pfizer rejected the findings as "biased".



Welsh rugby star Gavin Henson kicked off a Boots smoking cessation campaign as the smoking ban hit Wales

# Come rain or shine

The weather was disappointing, with flooding widespread in the UK, but that didn't stop community pharmacy getting all hot and bothered this summer.

The RPSGB said it wanted to increase pharmacist practising retention fees by 50 per cent, sparking anger among the profession. Pharmacists rallied, thousands signed an online petition, and many voiced their criticisms of the Society.

The profession was also united against the MHRA, which had proposed reclassifying pseudoephedrine-based medicines as prescription-only. This battle was won in September when the Commission on Human Medicines announced the medicines would remain available from pharmacists, although a future switch was not ruled out.

As autumn rolled on, the campaign to boost pharmacy's profile in practice-based commissioning gathered pace as the NPA and C+D provided extra guidance on securing services, and an awareness week further highlighted the issue. But with the cooling of the weather came yet more concerns, and pharmacists felt the chill as rumours of a category M clawback set the scene for the following month.

## July

### Good month for:

- **Jeremy Holmes:** Was appointed as RPSGB's new chief executive officer.
- **Independent pharmacies:** Received the backing of commissioners to lead smoking cessation schemes, and were praised for their MUR uptake.

### Bad month for:

- **AstraZeneca:** Announced its agency distribution scheme was delayed until 2008 to ensure it met customer needs.
- **Staying dry:** Flood-hit pharmacies suffered, and one lost more than £70,000 of stock following flooding in the Sheffield area.

"It's like turkeys voting for Christmas," John D'Arcy rules out support for a merger between the NPA and PSNC



## August

### Good month for:

- **UniChem:** The wholesaler announced deals to distribute medicines from both Napp Pharmaceuticals and sanofi-aventis.
- **Pharmacy students:** Were supported by experts who called for them to receive a £1,000 'golden carrot' bursary towards tuition fees.

### Bad month for:

- **RPSGB:** Which faced protests and an online petition after announcing a 50 per cent rise in 2008 retention fees.
- **Pharmacists:** Pharmacists work too hard, said experts concerned over workload increases as items dispensed in England rose by 4.4 per cent.

"The internet really is the wild west," Charlie Abrahams, European CEO at Mark Monitor, comments on the boom in rogue online pharmacies

# Flexible Fentanyl pain relief

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Please consult the Summary of Product Characteristics (SPC) for full prescribing information. **Presentation:** Transdermal patch. Five strengths available - releasing fentanyl at 12, 25, 50, 75 or 100 micrograms/hour. **Use:** Severe chronic pain, which can be adequately managed only with opioid analgesics. **Dosage:** Adults. Initial dose opioid response pattern unknown - maximum 25 micrograms/hour. Changing from another opioid - see SPC for dose calculation. **Dose titration and maintenance:** Replace every 72 hours. Titrate dose individually until analgesic efficacy is attained. Elderly, cachectic and patients with renal or hepatic impairment: Observe carefully and reduce dose if necessary. Febrile patients: Adjust dose if necessary. Children: not recommended. See SPC for administration instructions. **Contra-indications:** Hypersensitivity to the active substance or to any of the excipients. Do not use for the treatment of acute or postoperative pain. Severe impairment of the central nervous system. Concomitant use of MAO inhibitors or within 14 days after discontinuation of MAO-inhibitors. **Warnings and precautions:** If a severe adverse reaction occurs monitor patient for 24 hours after removing the patch. Keep unused and used patches out of reach and sight of children. Do not divide or cut patches. As with all potent opioids, respiratory depression may occur and patients must be observed for this effect. Caution with concomitant CNS active drugs. Caution in patients who will undergo regional analgesia. Caution in patients with existing respiratory depression, chronic pulmonary disease, increased intracranial pressure, cerebral tumours, bradyarrhythmias, hypotonia and/or hypovolaemia. Drug dependence may occur. Observe patients with hepatic impairment carefully and reduce dose if necessary. Observe patients with renal impairment for signs of toxicity and reduce dose if necessary. Monitor patients with fever closely for side-effects and adjust dose if necessary. Do not expose the application site to direct sources of external heat. Observe elderly, cachectic or debilitated patients carefully for signs of toxicity and reduce dose

if necessary. Non-epileptic (myoclonic) reactions can occur. Caution in patients with myasthenia gravis. Disposal of used patches according to the SPC. Safety in pregnancy not established, do not use unless clearly necessary. Do not use during labour and delivery. Discontinue Matrifen for at least 72 hours before breast feeding. Affects ability to drive and use machines. **Interactions:** Barbituric acid derivatives, CNS depressants, including opioids, anxiolytics and tranquilizers, hypnotics, general anaesthetics, phenothiazines, skeletal muscle relaxants, sedating antihistamines and alcohol. MAO-inhibitors. Ritonavir or other potent CYP3A4-inhibitors, pentazocine or buprenorphine. **Side-effects:** Most serious side-effect: respiratory depression. Very common (over 10%): somnolence, drowsiness, headache, nausea, vomiting, constipation, sweating, pruritus. Common (1-10%): sedation, confusion, depression, anxiety, nervousness, hallucinations, lowered appetite, xerostomia, dyspepsia, skin reaction at the application site. **Package quantities and price:** 5 patches in 5 strengths: 12 micrograms/hour: £18.85 25 micrograms/hour: £26.94 50 micrograms/hour: £50.32 75 micrograms/hour: £70.15 100 micrograms/hour: £86.46. **Legal category:** CD (Schedule 2) POM. **Marketing authorisation number:** PL 20810/0004-08. **Marketing authorisation holder:** Nycomed UK Ltd, Three Globeside Business Park, Fieldhouse Lane, Marlow Buckinghamshire SL7 1HZ. **Marketed by:** Nycomed UK Ltd, Three Globeside Business Park, Fieldhouse Lane, Marlow, Buckinghamshire SL7 1HZ. Further information is available on request to Nycomed UK Ltd or may be found in the SPC. **Date of preparation:** July 2007. **References:** 1. Mier J. et al. J Clin Pharmacol 2006; 46:642-653. 2. Note for guidance on the investigation of bioavailability and bioequivalence The European Agency for the Evaluation of Medicinal Products. London UK, 2001. Accessed at <http://www.emea.eu.int/pdf/human/ewp/140198en.pdf>

Information about adverse event reporting can be found at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk). Adverse events should also be reported to Nycomed UK Ltd. Phone no: 0800 2346038

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## About the C+D awards

The inaugural C+D Awards will celebrate the people, services and organisations who have been at the forefront of community pharmacy practice in the UK. With an expected audience of up to 500, including representatives from community pharmacy, wholesaling, the pharmaceutical industry and government, being a winner or a finalist will bring recognition in the industry.

Each of the 12 categories highlights the important role that UK pharmacists and their staff play in delivering pharmaceutical services that are respected worldwide.

Trophies will be presented to the winners in each category on Wednesday 18 June 2008 at London's Grosvenor House Hotel at a glittering awards ceremony, which promises to be the industry networking event of the year.

Complete your entry now and don't miss the chance to be a winner at the C+D Awards 2008. Good luck!

## How to enter

- ◆ Choose which category/categories you wish to enter and complete the entry form. There is no limit to the number you can enter, but you must submit a form for each entry and it should be clearly marked with the category entered. Guidelines on the categories, hints and tips for your entry, plus further forms, can be downloaded at [www.chemistanddruggist.co.uk/awards](http://www.chemistanddruggist.co.uk/awards)
- ◆ Entries, which must be typed and accompanied by the entry form opposite, should be no longer than 1,000 words. We strongly encourage you to include relevant supporting material with your entry such as testimonials, research, performance analysis, pictures etc (these can be printed or supplied as jpegs on a CD). Please note, supporting material does not count towards the 1,000 word limit.
- ◆ Send four copies of your entry form and supporting material to Katherine Mannix, Group Events Manager, C+D Awards 2008, Ludgate House, 245 Blackfriars Road, London, SE1 9UY. Alternatively you can email your entry with supporting materials to [entries@chemistanddruggist.co.uk](mailto:entries@chemistanddruggist.co.uk) (3MB max limit) by 5pm on Friday 14 March 2008. All entry forms and supporting material should be sent together.
- ◆ All entries will be treated in the strictest confidence and will only be used for the purpose of this judging process. We are unable to return entries and supporting material, so you may wish to send copies rather than the original documentation.
- ◆ The judges will independently mark each entry against specific award criteria. The judges' scores will then be collated to find the winner.
- ◆ The winners will be revealed and presented with their trophies at the awards ceremony on Wednesday 18 June 2008 at the Grosvenor House Hotel in London. The winners will also be featured in C+D following the awards evening.

## The award categories

1. Community Pharmacist of the Year
2. Pre-registration Graduate of the Year
3. New Pharmacist of the Year
4. Pharmacy Manager of the Year
5. Technician of the Year
6. Pharmacy Assistant of the Year
7. MUR Champion of the Year
8. Clinical Service of the Year
9. Retail Service of the Year
10. Business Development of the Year
11. Green Award
12. Pharmacy Team of the Year

Full category details, plus hints and tips on making an entry, can be found at [www.chemistanddruggist.co.uk/awards](http://www.chemistanddruggist.co.uk/awards)

## The Judges

Carwen Wynne Howells

(Wales' chief pharmacist)

Norman Morrow (N Ireland's chief pharmacist)

Keith Ridge (England's chief pharmacist)

Bill Scott (Scotland's chief pharmacist)

Andy Murdock (Lloydspharmacy)

Alan Nathan (pharmacy author and consultant)

Steve Churton (Alliance Boots)

Colette McCreedy (NPA)

Clive Jackson (National Prescribing Centre)

Beth Taylor

(Pharmacists with Special Interests)

Harry McQuillan

(Community Pharmacy Scotland)

John Nuttall (The Co-operative Group)

Mahesh Shah (Nucare)

Rachel Marchant (Alliance Pharmacy)

Nicola Griffiths (United Co-op)

Marilyn Jones (Weldricks)

John D'Arcy (Rowlands)

Steve Dunn (AAH Pharmaceuticals)

Terry Scicluna (UniChem)

Rob Darracott (Company Chemists Association)

Soraya Dhillon (University of Hertfordshire)

## Entry form

Further forms can be downloaded at [www.chemistanddruggist.co.uk/awards](http://www.chemistanddruggist.co.uk/awards)

### Part 1 – your details

(please complete all fields and send this form or a copy with your entry submission)

Category entered \_\_\_\_\_

Your full name \_\_\_\_\_

Job title \_\_\_\_\_

Name of pharmacy \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone no \_\_\_\_\_

Mobile no \_\_\_\_\_

Email \_\_\_\_\_

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### Part 2 – your entry

In no more than 1,000 words, state what you have done and why you did it, referring to the guidelines at [www.chemistanddruggist.co.uk/awards](http://www.chemistanddruggist.co.uk/awards) for the particular category that you have entered. You must explain how you achieved your goal, and the outcomes. The judges will mark the entries against three criteria – innovation, maximising resources and skills, and sustainability – and you must say how you addressed these criteria in your submission. Your entry will also be judged against the criteria for the category entered, which can be found at [www.chemistanddruggist.co.uk/awards](http://www.chemistanddruggist.co.uk/awards). Supporting material (clearly marked and ordered) such as testimonials, photographs, service protocols, press clippings, marketing material etc should be included to enhance your chances of winning.

If you have any queries regarding this form or any aspect of the C+D Awards 2008 please contact Katherine Mannix on 0207 234 8729 or email [kmannix@cmpi.biz](mailto:kmannix@cmpi.biz)

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**Asda and Rowlands:** They launched online pharmacy shopping services.

• **The Stop the Switch campaign:** C+D's Stop the Switch campaign was a success as the MHRA said pseudoephedrine-based drugs could still be sold in pharmacies.

• **Isle of Wight revellers:** Festival goers had ample supplies of pharmacy advice and products courtesy of the Medicine Man Pharmacy at the Festival.

**Bad month for:**

• **Scottish pharmacists:** Who were being put under pressure because GPs had been allowed to opt out of 24-hour care, Audit Scotland said.

• **Hollywood:** Tinseltown must have felt the pressure as C+D revealed that a new British film, *The Pharmacist*, would be taking them on next year.

"You do not have your radar pointed in the right direction," Scotland's chief pharmacist Bill Scott attacks the RPSGB



STOP

THE SWITCH



Medicine Man James Powell (right) dispensed sound advice and a bountiful array of products at the Isle of Wight festival

## Dark(er) days

Halloween may have been a month away but contractors were already scared at the start of October as the full horror of category M became clear. PSNC warned that reclaimed purchase profits could cost each pharmacy up to £40,000 a year.

More money worries came with the 40 per cent hike in retention fees at the start of November, even if it was lower than the 50 per cent rise originally mooted.

The long-awaited Office of Fair Trading market study on direct to pharmacy distribution came as an early Christmas present in mid-December. The conclusion? That DTP is fine. Although it may cause inconvenience to pharmacists and patients and cost the NHS hundreds of millions of pounds. And to think the government gets accused of a lack of joined up thinking on pharmacy...

Speaking of which, Dawn Primarolo (right) revealed in an exclusive C+D interview that the white paper on pharmacy would be delayed until next year to tie in with the Darzi review. So it won't be a white paper Christmas but will it be a happy new year?



## October

**Good month for:**

• **Dilip Joshi:** Chairman of the NPA and owner of Boss Pharmacy in Clapham makes his big-screen debut in Michael Moore's healthcare documentary *Sicko* (below).

• **Chemist + Druggist:** C+D launches its brand new website, [www.chemistanddruggist.co.uk](http://www.chemistanddruggist.co.uk).

**Bad month for:**

• **Community pharmacy:** The sector trembles under the burden of category M clawback (right).

• **PSNI:** Director Ray Blaney leaves his post at the Society in a move described by NI pharmacists as a "big setback" at a crucial time.



Dilip Joshi and Michael Moore seal a movie deal (below)



"Please, Mr Johnson, make your next announcement on pharmacy really count," Alison White appeals to the health secretary in her first speech as NPA chief



## November

### Good month for:

- **Pro-life campaigners:** The Pope calls on Catholic pharmacists to refuse to sell the morning-after pill.
- **Raj Patel:** The Wimbledon pharmacist is crowned overall winner at the UniChem Pharmacy Awards.

### Bad month for:

- **Numark:** Sadly lost its managing director, Simon Colebeck, to lung cancer.
- **Andrew Graham Shepherd:** The Aberystwyth pharmacist was struck off the register for misconduct including a drink driving offence.

"The responses contained a large number of comments which were not intended to answer the specific questions posed in the consultation exercise but rather to express a general and deeply felt dissatisfaction with the Society. Some of these were expressed in what might be politely termed vigorous language..."  
Independent analyst Anthony Harrison on the RPSGB fee consultation

## December

### Good month for:

- **Co-op:** Multiple buys 50 more pharmacies.
- **PSNC:** Announces it has negotiated a 25.2p to 34.5p per item dispensed increase in practice payments from January 1, 2008.

### Bad month for:

- **Connecting for Health:** Which admitted that the second stage of the electronic prescription service would not roll out until spring or summer 2008.
- **The RPSGB:** Its bid to increase premises fees by 56 per cent is reined in by the Department of Health to a somewhat less dramatic 3.8 per cent.

"Current guidelines on clinical management for drug dependency do not recommend prescribing cocaine or dipipanone," a Home Office spokesperson rules out the possibility of picking up cocaine at the pharmacy

A Merry  
Christmas and  
a prosperous  
New Year to all  
our readers

# Important changes to **C+D** subscriptions

Since the 1940s pharmacists in the UK have found the information published each month in the C+D Price List invaluable, enabling them to order products using the unique PIP code, as well as to check prices and other product details.

However, the world has changed considerably and greater usage is now made of the Price List in its electronic format than the printed monthly book. Although many pharmacists might not be aware of it, most dispensary computer

systems and pharmacy EPOS systems rely on elements of the C+D database to function effectively.

Given this 'shift', it has become unrealistic to base charges for this data solely on the subscription for C+D publications. Today's customers require more flexible options.

For 2008 we have introduced a new set of subscription options which allow pharmacists to choose between print, electronic or web access or a combination of all three. For more information visit [www.chemistanddruggist.co.uk/subs](http://www.chemistanddruggist.co.uk/subs)

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- OTC magazine
- All C+D supplements and training materials

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- OTC magazine
- All C+D supplements and training materials

### PLUS

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*This option does not include the right to access PIP code data in your dispensary computers*

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## Electronic and print



+



- Access to PIP codes and other data in your dispensary systems

### PLUS

- Monthly Price List

### PLUS

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Booking and copy date  
12 noon Monday prior  
to Saturday publication subject  
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Chemist + Druggist (Classified),  
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Herts	T/O C:	£ 770,000
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The next available issue for advertising with C+D is now the 12th January. Please submit all copy by Monday of that Saturday's issue. We are unable to offer proofs if this deadline is not met.  
 Thank you.

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*Merry Christmas & Happy New Year to everyone*

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ADDING VALUE

From:

Hawkeye on the web

Date:

Sat 22.12.07

Subject:

Season's greetings



Some people are so **inebriated** with the idea of **Christmas** that they are writing a **blog** about it

**T**is the season to be jolly, but with the panic-buying public rushing to get their Christmas medicines the chances are you haven't had a chance to stock up on much festive cheer. Fear not – just get online and follow our five steps for an instant yuletide glow.

#### Build a snowman

With odds of 6/1, the chances of a white Christmas are looking slim, but this nifty tool means you don't miss out on the fun. Yes it's childish, yes it's a bit weird that you can adorn him with a baseball cap and shades, but it's surprisingly good fun.

[www.tinyurl.com/yz7w64](http://www.tinyurl.com/yz7w64)

#### Send an eCard

Make a donation to Cancer Research UK when you send someone an electronic Christmas greeting. Choose from one of the designs and animations or even upload your own picture – it might not be as much fun as getting one through the post but it'll do wonders for your carbon footprint. And besides, you've missed the last post.

[www.sendandgive.org](http://www.sendandgive.org)

#### Read a Christmas blog

Some people are so inebriated with the spirit of Christmas that they are writing a blog about it. As well as sharing the general warmth of the season you can get present ideas, Christmas recipes and jokes barely worthy of a cheap cracker.

<http://christmas4all.blogspot.com/>

#### Learn how to carve a turkey

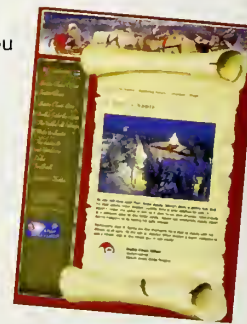
Waitrose are masters of food seduction (we've all drooled over those ads) so who better to teach you the perfect way to carve up the traditional Christmas day feast? There's also a video on how to flambé your Christmas pud. And the latest TV ad.

<http://www.waitrose.com/christmas/food/videoguide.aspx>

#### Visit Santa

Re-awaken the child in you by paying a visit to Santa Claus at his home in Finland. There's webcams to give you inside and outside views of Santa's 'office' and you can catch up on the latest news in The Tinklebell Tidings, kept up to date online by the Net Elf. I kid you not.

[www.santaclauslive.com](http://www.santaclauslive.com)



Got a topic for Hawkeye?

Email [thawkins@cmpmedica.com](mailto:thawkins@cmpmedica.com)

... what's new on the C+D website ....

### Party pics



Got your photos back from the Christmas party? Email them to us and we'll post them on the Chemist+Druggist website so you and your colleagues can relive the fun! To upload your images and captions go to [www.chemistanddruggist.co.uk/events](http://www.chemistanddruggist.co.uk/events) and follow the simple guide.

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The C+D Awards promises to be the pinnacle of the 2008 events calendar.

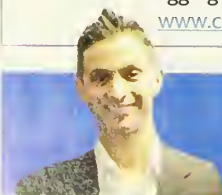
Get information on the categories and how to enter at [www.chemistanddruggist.co.uk/awards](http://www.chemistanddruggist.co.uk/awards)

### Are you hiding a sparkling writing talent?

Can you entertain and inform your peers with details of your day-to-day experiences in pharmacy? Why not enter C+D's search for a blogging star. Find out more at

[www.chemistanddruggist.co.uk/blogidol](http://www.chemistanddruggist.co.uk/blogidol)

Blog  
idol



Anish Patel: what students are up to at Nottingham  
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#### Prescribing Information

**Move-lat Cream/Gel** Abbreviated Prescribing Information. Please consult the full Summary of Product Characteristics before prescribing. **Presentation:** Move-lat Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w and salicylic acid Ph. Eur. 2.0% w/w in a white cream base. Move-lat Gel contains the same active ingredients in a colourless gel base. **Indications:** Move-lat is a mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of muscular pain and stiffness, sprains and strains and pain due to rheumatic and non-rheumatic arthritic conditions. **Dosage:** Adults, the elderly and children over 12 years: Move-lat Cream – two to six inches (5-15 cms) to be massaged into the affected area up to four times a day. Move-lat Gel – two to six inches (5-15 cms) to be applied to the affected area up to four times a day. **Contraindications:** Not to be used in children under 12 years of age. Not to be used on large areas of skin, broken or sensitive skin or on mucous membranes. Not to be used in patients with a known sensitivity to any active or inactive component of the formulation. Not to be used in patients with a known sensitivity to aspirin or other non-steroidal anti-inflammatory drugs (including when taken by mouth) especially where associated with a history of asthma. **Pregnancy and lactation:** Not to be used during the first trimester or during late pregnancy. Pregnant or breast-feeding patients must seek a doctor's advice before using Move-lat. **Special warnings and precautions:** For external use only.

The stated dose should not be exceeded. If the condition persists or worsens, consult a doctor. If pregnant, breast-feeding, asthmatic or on any prescribed medicines, consult a doctor before use. Wash hands immediately after use. Discontinue use if excessive irritation or other unwanted effects occur. **Undesirable effects:** Allergic skin reactions (which may include redness, burning sensation or rashes) may occur in individuals sensitive to salicylates. **Market Authorisation Holder:** Genus Pharmaceuticals Ltd, Benham Valence, Newbury, Berks, RG20 8LU. **Market Authorisation Numbers:** PL 06831/0176 (Move-lat Cream/Relief Cream), PL 06831/0177 (Move-lat Gel/Relief Gel). **Basic NHS price:** £4.96 per 100g tube. **Legal Category:** P. Further information is available from Genus Pharmaceuticals. **Date of Preparation:** Sept 2007.

**Adverse events should be reported to Genus Pharmaceuticals, tel: 01635 568400.**  
Information on adverse event reporting can also be obtained from [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)

#### References:

1. Data on file MOV003. 2. Frahm E, et al. Topical treatment of acute sprains. *BJCP* 1993;47:321-322. 3. Move-lat Cream/Gel SmPC, May 2006.

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mucopolysaccharide polysulphate 0.2%,  
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Date of preparation: September 2007. Code: MOV0907194C

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